COST ESTIMATE WORKSHEET

How will I know what I owe?

| • | Identify category of colonoscopy you are scheduled for and ude possible preoperative |
|---|--|
| | CPT and diagnosis codes below. If you need assistance please contact the office for |
| | preoperative diagnosis codes on your order. |

| 0 | Possi | hla | CDT | $C \cap d$ | ٠عما |
|----|--------|------|-----|------------|------|
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- Diagnostic: 45378, 45380, 45384, 45385
- Surveillance: 45378, 45380, 45384, 45385, G0105
- Screening/Preventive: G0121, 45378 (only covered with Z12.11 as diagnostic code)

| • | Diagnosis(es | |
|---|--------------|--|
| | | |

Please note that these are not the final diagnosis codes which will be submitted to your insurance. Final codes cannot be determined until after your procedure occurs.

- Call your insurance carrier and verify your benefits and coverage by asking the following questions:
 - o Is the procedure and diagnosis covered under my policy?
 - Will the diagnosis code be processed as:
 - Preventive
 - Surveillance or
 - Diagnostic?
 - If my procedure will be a preventive (screening) procedure, are there age or frequency limitations for my colonoscopy? (e.g., one every ten years over the age of 50, one every two years for a personal history of polyps beginning at age 45, etc.)

 If the provider removes a polyp or takes a biopsy, will this change my out-ofpocket responsibility?

COST ESTIMATE WORKSHEET

| Obtain The Following Information From Your Insurance Representative: | | | | | |
|--|--------------------------|--|--|--|--|
| Today's Date | Representative's Name | | | | |
| Deductible | Amount of Deductible Met | | | | |
| Co-insurance Responsibilit | y facility co-payment | | | | |
| Facility in network Yes No Call Reference Number | | | | | |